

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
825 NORTH CAPITOL STREET, N.E., ROOM 2224
WASHINGTON, D.C. 20002
BOARD OF MEDICINE

CHARACTER REFERENCE FORM

Re: _____

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice medicine/osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate you providing the following information. Any additional remarks may be added on the back of this form or, if needed, on a separate sheet of paper. After completing this form to the best of your ability, please return the form to DOH/DC Board of Medicine, P.O. Box 13805, Philadelphia, PA 19104-3805 or give it to the applicant in a sealed envelope preprinted with your return address or the address of your organization. Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. PLEASE EVALUATE APPLICANT'S PERFORMANCE (PLEASE INDICATE WITH CHECK):

	N/A*	POOR	FAIR	GOOD	SUPERIOR
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Unable to evaluate

2. RECOMMENDATION (PLEASE INDICATE WITH CHECK):

1. Recommend highly without reservation ☐
2. Recommend as qualified and competent ☐
3. Recommend with some reservation (explain) ☐
4. Do not recommend (explain) ☐

3. THIS EVALUATION IS BASED ON (PLEASE INDICATE WITH CHECK):

1. Close personal observation ☐
2. General impression ☐
3. A composite of evaluations ☐
4. Other (please specify) ☐

4. RELATIONSHIP TO APPLICANT (PLEASE INDICATE WITH CHECK):

- 1. Program director ☐
- 2. Immediate supervisor ☐
- 3. Other (please specify) ☐

5. ADDITIONAL COMMENTS:

PLEASE PRINT OR TYPE NAME OF EVALUATOR

SIGNATURE OF EVALUATOR

TITLE OF EVALUATOR

DATE